## CITY OF HICKORY MICROENTERPRISE GRANT APPLICATION

Applications should be submitted to the Department of Planning and Development. For more information, please contact David Leonetti at (828) 323-7422.

## **APPLICANT INFORMATION**

Business Name:				
Mailing Address:	g Address: Street Address:			
City:	State:	Zip:		
Telephone:	FAX:	E-Mail:		
Business Project Mana	ger Name and Title (if different	than above.):		
Project Manager Organ	nization Name:			
Date Business Establish	te Business Established: Tax ID or Social Security Number:			
PROJECT INFORMATION	ON			
Amount Requested: \$	Project Title:			
Address of Building:		Zoning of the Parcel:		
Proposed Use:				
INCOME INFORMATION	DN			
Total Household Incom	ne of Business Owner: \$	Number of Persons in Household:		
2. 3. 4.	Date of Birth  lines as needed)			

Cirront III D Income I imitat					ome Limi				
Current HUD Income Limits*		1	2	3	4	5	6	7	8
Extremely Low (30%)	9	12,880	\$17,420	\$ 21,960	\$ 26,500	\$31,040	\$ 35,000	\$ 37,400	\$ 39,800
Very Low (50%)	9	\$ 21,250	\$24,150	\$ 27,150	\$ 30,150	\$32,600	\$ 35,000	\$ 37,400	\$ 39,800
Low (80%)	9	33,800	\$38,600	\$ 43,450	\$ 48,250	\$52,150	\$ 56,000	\$ 59,850	\$ 63,700

<sup>\*\*</sup>TO QUALIFY FOR THE MICROENTERPRISE GRANT YOUR INCOME AND HOUSEHOLD SIZE MUST MEET THE ABOVE INCOME LIMITS\*\*

# **PROPOSED FINANCING SOURCES FOR PROJECT:** % OF TOTAL \_\_\_\_ BANK LOAN AMOUNT \$\_\_\_\_\_ AMOUNT \$\_\_\_\_\_ % **0**F TOTAL \_\_\_\_\_ GRANT APPLICANT/EQUITY AMOUNT \$ \_\_\_\_\_ % OF TOTAL \_\_\_\_ AMOUNT \$ \_\_\_\_\_ OTHER % OF TOTAL TOTAL AMOUNT \$\_\_\_\_ % OF TOTAL 100.0 **PROJECT NARRATIVE:** Provide a brief narrative description of business, proposed project and reason for grant: **PROPOSED USE OF PROJECT FUNDS: BUSINESS EQUIPMENT** INVENTORY MARKETING AND BUSINESS PROMOTION \*MUST BE APPROVED BY BUSINESS DEVELOPMENT COMMITTEE

#### **REQUIRED ATTACHMENTS**

All applications must include the following information:

- Completed application form
- Business Plan (template included)
- Financial Projections (template included)
- Confirmation of completed counseling appointment with one of the following three agencies: the CVCC Small Business Center, LRU Center for Social and Commercial Entrepreneurship, or the Small Business Technology Development Center.
- Letter of Recommendation from one of the above counseling agencies

• Income verification information to include prior year tax returns for all household members. Additional information may be required to meet HUD income verification requirements. The City of Hickory uses the Internal Revenue Service Form 1040 method of calculating income.

Date

Date

# Applicant's Certification:

Signature

Signature

application are true and complete to	s application and all information furnished in support of this the best of my/our knowledge and belief. Verification can be d I/we agree to submit to personal and business credit checks.
Signature	Date